2016 AML Economic and Community Development Pilot Program

For AML Use Only	If a Project involves Water or Sewer Activities
2016	WRIS Number

PROJECT TITLE:	
PROJECT ADDRESS/LOCATION:	

APPLICANT

Name	Agency		Telephone N	Number	E-ma	il addres	SS
Street or P. O. Box		City		County		State KY	ZIP Code

CONTACT PERSON

Name	Firm/Agency	Telephone Number	E-mail address
Street or P. O. Box	City	County	State ZIP Code KY

LIST OF COUNTIES TO BE SERVED

Number of Clients Served	Project Period
	From: To:

Area Development District



2016 AML Economic and Community Development Pilot Program
BRIEF DESCRIPTION OF PROJECT (Attach a separate sheet if necessary)
AML Nexus
PROJECT BENEFITS (Attach a separate sheet if necessary)

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AML Pilot Application

2016 AML Economic and Community Development Pilot Program

FINANCING

Include all funding amounts and sources. Please complete all appropriate columns and specify whether funds are Approved, Pending, or currently under Negotiation.

Source	Planning &	Construction	Equipment	Total	Percent	Status of
	Operations	& Renovation				Funds
AML						
State						
Local						
In-Kind						
Other Federal Funds:						
Other Funds:						
TOTAL						

NAME AND SIGNATURE OF AUTHORIZED REPRESENTATIVE.					
Signature, Chief Executive Officer	Title				
Name Typed	Date				

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AML Pilot Application